		IAIL RECEIPT NO.: EL2 O ON FEBRUARY 12, 1999		D	KT. 22306
Serial Filed: For:	No.: ACTI MOU	THE UNITED STATES PA Stephen R. Genheimer, Kenneth L. Pottebaum, Jon P. Baker and John D. Stricklin 09/114,956 July 13, 1998 UATOR ASSEMBLY INTED DISC SNUBBER Imended)) Group A) Examine)))))	rt Unit: 2754	RECEIVE
Assist	ant Co	e Amendment mmissioner for Patents D.C. 20231			
		AMENDMEN	NT TRANSM	IITTAL	
1.	Trans	mitted herewith is an amend	ment for this ap	plication.	
STA	TUS				
2.	Appli	cant is			
[]	a sma	ll entity. A verified stateme	nt:		
		[] is attached.			
		[] was already filed.			
	[X]	other than a small entity.			

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 $(Rel.\ 74-12/97\ Pub.\ 605) \\ N:\wpfiles\Seagate\22300\ Files\22306\Form\ 9-19\ Amendment\ Transmittal.\ wpd$

EXTENSION OF TERM

			1.725 1 1.71	ibion of Televi			
3. §1.136	-	oceedi	ngs herein are for	a patent application and th	e provisions of 37 C.F.R.		
			(complete	(a) or (b), as applicable)			
((a)	[]	Applicant petitions for an extension of time under 37 C.F.R.§1.136 (fees: 37 C.F.R. §1.17(a)-(d)) for the total number of months checked below.				
			Extension (months)	Fee for other than small entity	Fee for small entity		
		[]	one month	\$110.00	\$55.00		
		[]	two months	\$380.00	\$190.00		
		[]	three months	\$870.00	\$435.00		
		[]	four months	\$1,360.00	\$680.00		
				Fee <u>\$</u>			
If an additional extension of time is required, please, consider this a petition therefor.							
·	(check and complete the next item, if applicable)						
	[] An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.						
	Extension fee due with this request						
				OR			
((b)	[X]	this conditional p	•	•		

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	P	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. OR FEE	RATE	ADDIT. FEE	
TOTAL	7*	MINUS	20**	=0	x 9=	\$	x 18=	\$ 00.00	
INDEP.	3*	MINUS	3***	=0	x 39=	\$	x 78=	\$ 00.00	
FIRST P	RESENTATION O	F MULTIPL	E DEP. CLAIM		+130=	\$	+260=	\$	
					TOTAL	\$ OR	TOTAL	\$ <u>00.00</u>	

ADDIT. FEE <u>\$ 00.00</u>

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment on the number of claims originally filed.

(complete (c) or (d), as applicable)

(c) [X] No additional fee for claims is required.

OR

(d) [] Total additional fee for claims required \$_____.

FEE PAYMENT

5.	[]	Attached is a check in the sum of \$				
	,[]	Charge Account No the sum of \$ A duplicate of this transmittal is attached.				

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Y ...

FEE DEFICIENCY

6. [X] If any additional extension and/or fee is required, charge Account No. <u>13-0110</u>.

AND/OR

[X] If any additional fee for claims is required, charge Account No. 13-0110.

Respectfully submitted,

SIGNATURE OF ATTORNEY

Reg. No.: 39,297

Randall K. McCarthy

(Type or print name of attorney)

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